

Division of Public and Behavioral Health
Bureau of Public and Behavioral Health Wellness and Prevention
Statewide Epidemiology Workgroup

MINUTES

DATE: October 19, 2017
TIME: 9:00 a.m.

	Meeting	Videoconference
LOCATION:	Division of Public and Behavioral Health 4126 Technology Way 2nd Floor Conference Room Carson City, NV 89706	Southern Nevada Adult Mental Health Services 6161 W. Charleston Blvd. East Hall Conference Room Las Vegas, NV 89146

BOARD MEMBERS PRESENT

Eric Ohlson, Washoe County School District
Ingrid Mburia, DPBH, Maternal Child Health Services (MCHS)
James Kuzhippala, DPBH
Jennifer DeLett-Snyder, JTNN
Brian Parrish for Julia Peek, Truckee Meadows Community College
Marco Erickson, SAPTA
Pauline Salla, DCFS, Juvenile Justice Programs Office
Richard Egan, Office of Suicide Prevention
Stephanie Asteriadis Pyle, CASAT, UNR
Wei Yang, NV Center for Health Stats and Information, UNR
Ying Zhang, Southern Nevada Health District

BOARD MEMBERS ABSENT

Gwen Taylor, ACCEPT
Ihsan Azzam, Epidemiologist, DPBH
Jim Jobin, Vogue Recovery Center
John Fudenberg, Clark County Coroner (excused)
Kathryn Barker, Southern Nevada Health District
Trey Delap, Group Six Partners (excused)
Yenh Long, Board of Pharmacy (excused)

OTHERS PRESENT

Jessica Flood, Nevada Rural Hospital Partners
Stephanie Borene, UNLV
Damaris Richardson, SAMHSA
Lea Cartwright, Nevada Psychiatric Association
Janet Porter, CASAT
Victoria LeGarde, CASAT
Stefaine Maplethorpe, PACT NV Board

SAPTA/STATE STAFF PRESENT

Jennifer Thompson, OPHIE
Lorne Belt, OPHIE
Raul Martinez, SAPTA

1. Introductions, Announcements, and Roll Call
Mr. Kuzhippala chaired the meeting in Julia Peek's absence. The meeting began at 9:05 a.m. A quorum was present.
2. Public Comment
There was no public comment.
3. Approval of Minutes from the August 16, 2017 Meeting
Mr. Ohlson moved to accept the minutes from the August 16 meeting. Mr. Parrish seconded the motion. The motion passed.
4. Review Updated Opioid Data (Jennifer Thompson)
Ms. Thompson presented "The Scope of Opioid Use in Nevada, 2016," which can be found [here](#). There was discussion regarding the information presented.
5. Review Demo Opioid Dashboard (Jennifer Thompson)
Ms. Thompson navigated the website, which can be found [here](#). She showed how to find data in different formats, pointing out that data was available by state or by zip code. She demonstrated how to use the dashboard to view data for Clark County, pointing out helpful links and that other links could be added. Mr. Kuzhippala added the site would be public-facing once it had gone live. He explained the dashboard would answer many questions from stakeholders and the general public, freeing up State staff to do more of the heavier opioids analytics. Mr. Parrish asked if the site provided a way to compare national rates to Nevada's. Ms. Thompson said that function was not yet available, as national data was hard to find. Mr. Erickson asked if there was a way to trigger red flags. Ms. Mburia asked if a table could be downloaded to a Word document. Ms. Thompson said that was not possible at this point, but could be implemented. Mr. Kuzhippala asked those using the site to provide feedback to OPHIE.
6. Presentation on the National Violent Death Registry System (NVDRS) and Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality (ESOOS) (Lorne Belt)
Ms. Peek had expressed an interest in seeing questions that were included in NVDRS. Mr. Belt shared a PowerPoint presentation, which can be viewed [here](#), to show what would be collected and how the data could be used. He said the presentation would show how many variables are inside the system. He pointed out that cases were initiated at coroners' offices—coroners cull the cases out, then his office cross-referenced them with death certificate data. By State Unintentional Drug Overdose Reporting System (SUDORS) definition, the underlying cause of death must be coded to be unintentional or of undetermined intent. He stated that the toxicology report has to have determined the decedent had a lethal level of opioids in his system. He explained that NVDRS concerned where the violence took place—if a tourist in Las Vegas died, Nevada would capture that unless the injury had occurred in a different state. Mr. Kuzhippala asked if data would be available that related specifically to Nevada residents. Mr. Belt said there was a system in place that notified the State when a Nevada resident died in another state, but that system has only gotten up to 2015. He pointed out that each page provided access to the narrative that includes the coroner/medical examiner's report and a summary of law enforcement's report. He explained that the NVDRS was incident-based, linking all the victims and the alleged perpetrators associated with one incident in a single record as long as the deaths occur within a 24-hour period. He noted that the Centers for Disease Control (CDC) would not publish a year's NVDRS report until June of the following year, but Nevada could extract and use data at any time. He added that SUDORS would pull information more quickly. He said that closing a case depended on law enforcement reports which are not available as long as an investigation is pending. Waiting for toxicology reports can also slow things down. He added that OPHIE was in complete control of the system—defining

when a case opened or closed, determining when to change data—until the point that the CDC reports were run. For SUDORS, data collection began July 1, 2017; for NVDRS, collection began in January 2017. He explained that both grants were new to Nevada—for NVDRS, Nevada is in the second year of a five-year cooperative agreement and for SUDORS, Nevada just started but is in year 3 as Nevada was not funded for years 1 and 2. Ms. Cartwright asked how this worked with the opioid reporting bill, A.B. 424, with regulations relating to opioid overdose reporting. She wondered if there were plans for OPHIE's system and that system to work together or if the reporting was already being done. Mr. Parrish replied that this was one option on the table for that, although this captures only mortality, not morbidity. He thought the State was looking at a system called the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). He stated that Julia Peek would have the best grasp of the direction OPHIE was headed on this.

7. Recommend and Approve Suggestions for Additional Questions for the Behavior Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS) Question Review
- Mr. Parrish reported that his division contracted with both the University of Nevada, Las Vegas (UNLV) and the University of Nevada, Reno (UNR) to conduct the BRFSS survey using their call centers. He stated that the 2018 BRFSS contained 17 core sections with questions about:

- health status
- healthy days—health-related quality of life
- health care access
- exercise
- inadequate sleep
- chronic health conditions
- oral health
- demographics
- tobacco use
- alcohol consumption
- immunization
- falls
- seat belt use and drinking and driving
- breast and cervical cancer screening
- prostate cancer screening
- colorectal cancer screening
- HIV/AIDS

He said the surveys from 2017 and 2018 would differ on the core questions, but there was an option for State-added questions at a cost of \$2,500. He asked if there were any other programs that would like to add questions that were not included in the core or optional modules. Dr. Yang reported that SAPTA has been the major supporter of the BRFSS questions. He mentioned that at the last meeting Dr. Asteriadis Pyle from CASAT asked about addictive gaming. Mr. Parrish said if there were topics, his office would start to work on putting them together. Ms. Mburia said that MCHS was interested in having a question regarding marijuana use. She wondered if SAPTA had a question on that topic. Dr. Yang said there were usually five state-added questions each year. Mr. Parrish found there had been a question regarding marijuana/hashish use on last year's questionnaire and that there were many other questions regarding drug use. Dr. Yang stated there were five detailed marijuana questions for YRBSS. He suggested including questions about long-time use versus current use, or drug use and driving. Ms. Mburia said she could share with Dr. Yang the questions she had CDC vet. Mr. Parrish said he would send the questionnaire out to the group as he thought

many of their questions would be asked in the core sections. He added that he be contacted if anyone found there was something missing from the core or optional modules that is needed.

Dr. Asteriadis Pyle asked if Dr. Yang had met with the chair of the Governor's Advisory Committee on Program Gambling regarding the possibility to adding questions using the Revolving Account for Problem Gambling money. Dr. Yang said the meeting had not yet been scheduled and he was not sure there was time to do meet this year. He said that they need to have the questions programmed, contracts signed, a programmer in place, and interviewers trained by the first of the year. Mr. Parrish said he asked CDC for their deadline for state-added questions. He was told they had to be in by the end of the year in order to be approved. He said he would send out a draft of questions to the group today, along with the state-added questions from the past two years to see what SEW would like to keep consistent for BRFSS. He added that he hoped to have everything finalized by mid-November. Dr. Yang added that paying the \$2,500 fee for the other 100 questions others have already paid for.

Mr. Parrish explained that YRBS was a survey given to high school and middle school students with topic areas similar to those in BRFSS, but with a younger target age group. He added that the high school survey was more comprehensive than the one for middle school. Dr. Yang reported that a survey was conducted in spring of 2017 and the data from it has been weighted. He said his team was currently working on the analytical reports. He stated there were multiple reports besides the general state standard report—the one Julia Peek suggested on substance use, reports for Washoe and Clark Counties, and others. Dr. Yang said the CDC allowed the state to ask 99 questions for high school and no more than 65 for middle school as the survey was designed to be completed during one class period. He added that the CDC usually offers 85 to 90 core questions. He explained that a statewide advisory committee will meet next summer to discuss what Nevada's priorities were for adding questions or for keeping the survey the same. Mr. Parrish explained that the YRBS was conducted every other year, so the next survey will be in 2019.

Dr. Yang went on to say that Nevada was unique in asking modified Adverse Childhood Experiences (ACE) questions in the YRBS. Other states are following Nevada's lead. Mr. Parrish said he would send out the 2017 surveys to everybody so they can see the topic areas. A member asked that notice be sent to SEW members in advance of statewide advisory committee meetings.

Mr. Kuzhippala asked if the SEW would want to recommend the added CDC questions Dr. Yang mentioned earlier. Ms. Mburia suggested that SEW look at the questions first to decide if all the questions should be added. Mr. Parrish stated that a funding source would have to be in place before voting to include an entire module. Dr. Yang pointed out to Ms. Mburia that the BRFSS asked if the respondent is pregnant. He suggested MCHS might want them to ask pregnant respondents marijuana questions. Mr. Kuzhippala summarized that SEW could make a recommendation that BRFSS and YRBS teams look at the questions, but handle the funding portion outside of that. Mr. Parrish said there could be one work order with UNLV and one with UNR for BRFSS so that all the funding sources are consolidated into one work order.

Mr. Kuzhippala asked for a motion to recommend that SEW look at the questions, but determine funding later. Ms. Mburia so moved. Mr. Parrish seconded the motion. The motion passed with no abstentions or opposition.

8. Review Update on NAC 441A Regulation Process (James Kuzhippala)

Mr. Kuzhippala reported that, at the last meeting, it was recommended that the current draft be presented at this meeting. He said the overdose portion of reporting was one component of NAC 441A and that communicable disease reporting and other additional topics were included so

there would not be a finalized draft available until the next meeting. He said the following providers would be required to report substance abuse:

- Physicians
- Nurses
- Physician's assistants
- Veterinarians
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This would not include Emergency Medical System (EMS) services.

9. Review Update on EMS Reporting (James Kuzhippala)

Mr. Kuzhippala reported that EMS has transitioned to a new EMS data system called the National Emergency Medical Services Information System (NEMSIS). He said he spoke with the bureau chief for preparedness, assurance, inspections, and statistics, Chad Westom. He said Mr. Westom this was in the request for proposal (RFP) process. As a result, Mr. Kuzhippala was unable to pull any data. He said it would be kept as an agenda item for the next meeting.

10. Discuss Agenda Items for Next Meeting (James Kuzhippala)

Mr. Kuzhippala said he wanted to include the finalized update on what questions were added to BRFSS, an update on NAC 441A regulations, and an update on NEMSIS. He asked if anyone else wanted to add agenda items. Mr. Martinez pointed out that the next SEW meeting would be held January 18. He explained that the last invitation he sent out was for this meeting and the four meetings for next year. He based the dates on responses from a doodle poll that showed there should be a quorum at each meeting. Mr. Parrish asked to be added to the distribution list and to ListServ. Mr. Martinez said he would add him. Mr. Erickson asked if the January meeting could include an update from Web Infrastructure for Treatment Services (WITS).

11. Public Comment

There was no public comment.

12. Adjourn

The meeting adjourned at 10:29 a.m.